## PERMIT APPLICATION FOR STATIONARY INTERNAL COMBUSTION ENGINES

1.	Name of Firm or O	rganization:						
2.	Plant Location							
3.	Unit Description (i.e. S/B Unit No. 1):							
	a. Manufacturer's Name:		b. Maxim	b. Maximum Rated Horsepower:				
	c. Model Numl	per:	d. Ignition Type:	[ ] Compression	[ ] Spark			
	e. Date Installe	ed (if existing):	f. Air/ fuel Ratio:	[ ] Lean Burn	[ ] Rich Burn [ ] N/A			
	g. Proposed installation Date:		h. Engine Type:	[ ] 2- Stroke	[ ] 4- Stroke			
	i. Date Ordere	d <sup>(1)</sup>		[ ] Turbine				
	j. Date Manuf	actured:		[ ] Other (Descr	ribe)			
	defined in 40	CFR Part 63, Subpart	nstructed as defined in 40 CF A? Porting documentation and t					
4.	Type of fuel used:	Primary:		Standby:				
5.	Normal operating	schedule:						
	Hours per da	ny:	Days per week:	Weeks	s per year:			
	Peak production season (if any):							
	[ ] Check here if engine is for <b>Emergency Use Only</b> [according to applicable regulatory definition(s)].							
6.	Fugitive Emissions (attach calculation worksheets):							
	POLLUTANT	POTENTIAL EMISSIONS lb/hr t/yr	BASIS OF CALCULATION	REGULATORY EMISSION LIMIT (lb/ hr)	REGULATORY EMISSION LIMIT (in units of standard)			
	Particulate							
	Sulfur dioxide							
	Nitrogen oxides							
	Carbon Monoxide							

VOC

<sup>(1)</sup>For NSPS and MACT applicability determinations

## STATIONARY INTERNAL COMBUSTION ENGINES

8.	Is there any emission	control ea	uinment on	this emission source		_				
0.										
	[] No []	Yes (Whe	re a control o	device exists, Form AP	C 107 must be complet	ted and attached.)				
9.	9. Point Emissions (attach calculations worksheets):									
		POTI	POTENTIAL		REGULATORY EMISSION LIMIT (lb/ hr)	REGULATORY EMISSION LIMIT (in units of standard				
	POLLUTANT	EMISSIONS		BASIS OF CALCULATION						
		(lb/hr) (ton/ yr)								
	Particulate Sulfur dioxide	1								
	Nitrogen oxides									
	Carbon monoxide									
	VOC									
10.	Height above grade (feet) Gas temperature at exit (°F)   Inside diameter at exit (feet) Volume of gas discharged (ACFM)									
	Base Elevation		(feet)							
Are sampling ports available? [ ] Yes [ ] No (If "yes", describe. Draw on a separate shee										
	Indicate the regulat	ion(s) appl	cable to this	s unit (attach analysi	s of applicability):					
11.										
11.										
11.	Is this item in complia			-	_	] Yes [ ] No				
11.	· · · · · · · · · · · · · · · · · · ·			-	_	] Yes [ ] No				
	· · · · · · · · · · · · · · · · · · ·	schedule,	Form APC 10	08, must be attached	_	] Yes [ ] No				